

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$333.00 for dates of service, 06/28/01, 08/22/01 & 10/01/01.
- b. The request was received on 07/17/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. An unsigned Notice of Additional Information Submitted by Requestor, dated 08/20/02, is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement
2. Respondent: Letter dated 09/04/02

“The attached HCFA 1500s and the corresponding EOBs explain and justify the reduction reflected. Carrier stands by its original determination. Requestor has failed to

document the necessity of and justification for the services as billed and has failed to show how its billing is in compliance with the appropriate standards.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date (s) of service eligible for review are 08/22/01 and 10/01/01. The request for medical dispute resolution was received on 07/12/02. Date of service, 06/28/01, is out of jurisdiction for review.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$290.00 for services rendered on the remaining dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the remaining dates in dispute.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$290.00 for services rendered on the remaining dates in dispute.
6. The Carrier's EOB deny reimbursement as "UJ9 BY CLINICAL PRACTICE STANDARDS, THIS PROCEDURE IS INCIDENTAL TO THE RELATED PRIMARY PROCEDURES BILLED", "F1H THIS PROCEDURE CODE OR NATIONAL DRUG CODE IS NOT VALID FOR THIS DATE OF SERVICE. RESUBMIT THE BILL WITH A VALID PROCEDURE CODE OR NATIONAL DRUG CODE" and "X4G THIS CHARGE IS DENIED BECAUSE AN INVALID PROCEDURE CODE WAS SUBMITTED ON THIS BILL."
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/22/01	95851	\$36.00	\$0.00	UJ9	\$36.00	TWCC Rule 133.304 (c); MFG MGR (I) (A) (9) (a) (b) (11); CPT Descriptor	CPT Code 95851: The Carrier has denied this code as, “UJ9 – BY CLINICAL PRACTICE STANDARDS, THIS PROCEDURE IS INCIDENTAL TO THE RELATED PRIMARY PROCEDURES BILLED”, The Carrier’s denial code does not “...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s)” as required by TWCC Rule 133.304. Medical documentation submitted indicates this service was rendered by the physician in accordance with the MFG and is not global. Therefore, additional reimbursement for CPT Code 95851 of \$36.00 is recommended.
10/01/01	97032	\$44.00	\$0.00	X4G	\$22.00/15 mins		CPT Code 97140: The Carrier has denied this code as “F1H THIS PROCEDURE CODE OR NATIONAL DRUG CODE IS NOT VALID FOR THIS DATE OF SERVICE. RESUBMIT THE BILL WITH A VALID PROCEDURE CODE OR NATIONAL DRUG CODE.” There is no such CPT Code listed in the Medical Fee Guideline. No reimbursement is recommended.
10/01/01	97140	\$70.00	\$0.00	F1H	No MAR		CPT Codes 97032, 97530 & 97110: The Carrier has denied these codes as, “X4G THIS CHARGE IS DENIED BECAUSE AM INVALID PROCEDURE CODE WAS SUBMITTED ON THIS BILL.” Recent review of disputes involving one on one CPT Codes by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation.
10/01/01	97530	\$70.00	\$0.00	X4G	\$35.00/15 mins		The therapy notes for this date of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, no additional reimbursement is recommended.
10/01/01	97110	\$70.00	\$0.00	X4G	\$35.00/15 mins		
Totals		\$290.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$36.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$36.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of December 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt